



POTENTIAL HAZARDOUS WASTE SITE  
FINAL DISPOSITION  
PART 1 - SITE STATUS

I. IDENTIFICATION

01 STATE MO 02 SITE NUMBER D055872204

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

Eaton Corp. - Controls Div.

02 STREET, ROUTE NO., OR OTHER SPECIFIC LOCATION IDENTIFIER

210 Allen St.

03 CITY

West Plains

04 STATE

MO

05 ZIP CODE

65775

06 COUNTY

Howell

07 COUNTY CODE

091

08 CONG DIST

8

III. CURRENT SITE STATUS

01 REPORTING DATE

04 / 16 84  
MONTH DAY YEAR

02 TRACKING COMPLETED (Check one if applicable)

☒ A. SITE REQUIRED NO RESPONSE

☐ B. ALL GOVERNMENT FINANCED  
ACTIVITIES COMPLETED

☐ C. ALL PRIVATELY FINANCED  
ACTIVITIES COMPLETED

☐ D. SITE CLOSED

DATE  
CLOSED 02 / 14 84  
MONTH DAY YEAR

DATE  
COMPLETED / /  
MONTH DAY YEAR

DATE  
COMPLETED / /  
MONTH DAY YEAR

DATE  
CLOSED / /  
MONTH DAY YEAR

TOTAL COST

03 PENDING (Check if applicable)

☐ FURTHER RESEARCH AND ANALYSIS REQUIRED

EXPECTED COMPLETION DATE / /  
MONTH DAY YEAR

REFERENCE

04 MONITORING (Check if applicable)

☐ SITE REQUIRES CONTINUED SURVEILLANCE/MONITORING

SCHEDULE

☐ A. MONTHLY

☐ B. SEMI ANNUALLY

☐ C. QUARTERLY

☐ D. ANNUALLY

REFERENCE

05 FULL FIELD INVESTIGATION (Check one if applicable)

☐ A. NEEDED

☐ B. IN PROGRESS

☐ C. COMPLETED

DATE COMPLETED / /  
MONTH DAY YEAR

06 REMEDIAL RESPONSE (Check one if applicable)

☐ A. NEEDED

☐ B. IN PROGRESS

☐ C. COMPLETED

DATE COMPLETED / /  
MONTH DAY YEAR

07 PLANNED REMOVAL (Check one if applicable)

☐ A. NEEDED

☐ B. IN PROGRESS

☐ C. COMPLETED

DATE COMPLETED / /  
MONTH DAY YEAR

08 IMMEDIATE REMOVAL (Check one if applicable)

☐ B. IN PROGRESS

☐ C. COMPLETED

DATE COMPLETED / /  
MONTH DAY YEAR

09 RESPONSIBLE PARTIES (Check if applicable)

☐ RESPONSE/REMOVAL ACTIVITIES UNDER CONTROL OF RESPONSIBLE PARTIES

10 ENFORCEMENT (Privately financed removal/response activities linked to enforcement are carried in the Enforcement Docket System)

☐ A. ADMINISTRATIVE ORDER ISSUED

☐ B. CIVIL/CRIMINAL LITIGATION FILED

DATE ISSUED / /  
MONTH DAY YEAR

DATE FILED / /  
MONTH DAY YEAR

COMPLIANCE DATE / /  
MONTH DAY YEAR

WHERE FILED (Judicial District)

JUDGEMENT/SETTLEMENT DATE / /  
MONTH DAY YEAR

IV. SITE RANKING

01 SITE RANKING AVAILABLE (Check one)

☐ A. YES

RANKING: /

☐ B. NO

☐ C. PLANNED

☐ D. UNNECESSARY

☐ E. UNKNOWN

02 STATE PRIORITY

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Preliminary Assessment received from Bruce Martin, PBR0. The assessment was completed on February 14, 1984.

VI. INFORMATION AVAILABLE FROM

01 PREPARED BY

June Sullens

SUPERFUND AGENCY  
WMP

03 ORGANIZATION

MDNR

04 TELEPHONE NO.

(314) 751-3241

05 DATE

04 / 16 / 84  
MONTH DAY YEAR

MAY 31 1984

SITE LOG



POTENTIAL HAZARDOUS WASTE SITE  
CURRENT DISPOSITION

PART 2 - GOVERNMENT FINANCED RESPONSE/REMOVAL ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. RESPONSE/REMOVAL ACTIVITIES

|  |  |  |  |  |                              |                   |  |                |  |
|--|--|--|--|--|------------------------------|-------------------|--|----------------|--|
| 01 TYPE OF ACTIVITY (Check one)<br><input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL |  |  |  |  | 02 RESPONSE/REMOVAL ACTIVITY |                   |  |                |  |
| 03 LEAD AGENCY   |  |  |  |  | 04 PARTICIPATING AGENCIES    |                   |  |                |  |
| 05 START DATE<br>MONTH / DAY / YEAR  |  | 06 EST. COMP. DATE<br>MONTH / DAY / YEAR |  | 07 ACTUAL COMP. DATE<br>MONTH / DAY / YEAR |                              | 08 ESTIMATED COST |  | 09 ACTUAL COST |  |
| 10 SOURCES OF FUNDING<br>A. SOURCE AMOUNT B. SOURCE AMOUNT   |  |  |  |  |                              |                   |  |                |  |
| 11 NARRATIVE DESCRIPTION   |  |  |  |  |                              |                   |  |                |  |
| 12 SOURCE OF INFORMATION   |  |  |  |  |                              |                   |  |                |  |

|  |  |  |  |  |                              |                   |  |                |  |
|--|--|--|--|--|------------------------------|-------------------|--|----------------|--|
| 01 TYPE OF ACTIVITY (Check one)<br><input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL |  |  |  |  | 02 RESPONSE/REMOVAL ACTIVITY |                   |  |                |  |
| 03 LEAD AGENCY   |  |  |  |  | 04 PARTICIPATING AGENCIES    |                   |  |                |  |
| 05 START DATE<br>MONTH / DAY / YEAR  |  | 06 EST. COMP. DATE<br>MONTH / DAY / YEAR |  | 07 ACTUAL COMP. DATE<br>MONTH / DAY / YEAR |                              | 08 ESTIMATED COST |  | 09 ACTUAL COST |  |
| 10 SOURCES OF FUNDING<br>A. SOURCE AMOUNT B. SOURCE AMOUNT   |  |  |  |  |                              |                   |  |                |  |
| 11 NARRATIVE DESCRIPTION   |  |  |  |  |                              |                   |  |                |  |
| 12 SOURCE OF INFORMATION   |  |  |  |  |                              |                   |  |                |  |

|  |  |  |  |  |                              |                   |  |                |  |
|--|--|--|--|--|------------------------------|-------------------|--|----------------|--|
| 01 TYPE OF ACTIVITY (Check one)<br><input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL |  |  |  |  | 02 RESPONSE/REMOVAL ACTIVITY |                   |  |                |  |
| 03 LEAD AGENCY   |  |  |  |  | 04 PARTICIPATING AGENCIES    |                   |  |                |  |
| 05 START DATE<br>MONTH / DAY / YEAR  |  | 06 EST. COMP. DATE<br>MONTH / DAY / YEAR |  | 07 ACTUAL COMP. DATE<br>MONTH / DAY / YEAR |                              | 08 ESTIMATED COST |  | 09 ACTUAL COST |  |
| 10 SOURCES OF FUNDING<br>A. SOURCE AMOUNT B. SOURCE AMOUNT   |  |  |  |  |                              |                   |  |                |  |
| 11 NARRATIVE DESCRIPTION   |  |  |  |  |                              |                   |  |                |  |
| 12 SOURCE OF INFORMATION   |  |  |  |  |                              |                   |  |                |  |

|  |  |  |  |  |                              |                   |  |                |  |
|--|--|--|--|--|------------------------------|-------------------|--|----------------|--|
| 01 TYPE OF ACTIVITY (Check one)<br><input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL |  |  |  |  | 02 RESPONSE/REMOVAL ACTIVITY |                   |  |                |  |
| 03 LEAD AGENCY   |  |  |  |  | 04 PARTICIPATING AGENCIES    |                   |  |                |  |
| 05 START DATE<br>MONTH / DAY / YEAR  |  | 06 EST. COMP. DATE<br>MONTH / DAY / YEAR |  | 07 ACTUAL COMP. DATE<br>MONTH / DAY / YEAR |                              | 08 ESTIMATED COST |  | 09 ACTUAL COST |  |
| 10 SOURCES OF FUNDING<br>A. SOURCE AMOUNT B. SOURCE AMOUNT   |  |  |  |  |                              |                   |  |                |  |
| 11 NARRATIVE DESCRIPTION   |  |  |  |  |                              |                   |  |                |  |
| 12 SOURCE OF INFORMATION   |  |  |  |  |                              |                   |  |                |  |

"No Action Needed"

ERRIS 84 MAY RECD



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER  
MO D055872204

II. SITE NAME AND LOCATION

|  |                |   |                     |                       |                   |
|--|----------------|---|---------------------|-----------------------|-------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site)<br>EATON CONTROLS PLANT  |                | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER<br>210 Allen Street |                     |                       |                   |
| 03 CITY<br>West Plains   | 04 STATE<br>MO | 05 ZIP CODE<br>65775  | 06 COUNTY<br>Howell | 07 COUNTY CODE<br>091 | 08 CONG DIST<br>8 |
| 09 COORDINATES LATITUDE<br>36° 43' 45"   |                | LONGITUDE<br>91° 30' 30"  |                     | Phone (417) 256-7171  |                   |
| 10 DIRECTIONS TO SITE (Starting from nearest public road)<br>Located on 210 Allen Street as per attached portion of city of West Plains map. |                |   |                     |                       |                   |

III. RESPONSIBLE PARTIES

|  |                |   |                                     |  |  |
|--|----------------|---|-------------------------------------|--|--|
| 01 OWNER (if known)<br>EATON CORPORATION   |                | 02 STREET (Business, mainly residential)<br>100 ERIE VIEW PLAZA |                                     |  |  |
| 03 CITY<br>CLEVELAND   | 04 STATE<br>OH | 05 ZIP CODE<br>44114  | 06 TELEPHONE NUMBER<br>216 523-5000 |  |  |
| 07 OPERATOR (if known and different from owner)<br>Same  |                | 08 STREET (Business, mainly residential)                        |                                     |  |  |
| 09 CITY  | 10 STATE       | 11 ZIP CODE   | 12 TELEPHONE NUMBER<br>( )          |  |  |
| 13 TYPE OF OWNERSHIP (Check one)<br><input checked="" type="checkbox"/> A PRIVATE <input type="checkbox"/> B FEDERAL <input type="checkbox"/> C STATE <input type="checkbox"/> D COUNTY <input type="checkbox"/> E MUNICIPAL<br><input type="checkbox"/> F OTHER: (Specify) <input type="checkbox"/> G UNKNOWN |                |   |                                     |  |  |

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)  
☒ A. RCRA 3001 DATE RECEIVED: 8.12.80 MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: / / MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 01 ON SITE INSPECTION<br><input checked="" type="checkbox"/> YES DATE / / MONTH DAY YEAR<br><input checked="" type="checkbox"/> NO                |  | BY (Check all that apply)<br><input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR<br><input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: (Specify)<br>CONTRACTOR NAME(S): |  |  |  |
| 02 SITE STATUS (Check one)<br><input type="checkbox"/> A ACTIVE <input checked="" type="checkbox"/> B INACTIVE <input type="checkbox"/> C UNKNOWN |  | 03 YEARS OF OPERATION<br>1970 1<br>BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN  |  |  |  |

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

D/N/A

SUPERFUND

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

D/N/A

MAY 31 1984

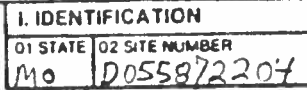
SITE LOG

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)  
☐ A. HIGH (inspection required promptly) ☐ B. MEDIUM (inspection required) ☐ C. LOW (inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

|   |  |   |                        |                                      |                                      |
|---|--|---|------------------------|--------------------------------------|--------------------------------------|
| 01 CONTACT<br>Alvin Moss                                |  | 02 OF (Agency Organization)<br>EATON CONTROLS PLANT |                        | 03 TELEPHONE NUMBER<br>1417 256-7171 |                                      |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT<br>R. Bruce Martin |  | 05 AGENCY<br>MO DNR                                 | 06 ORGANIZATION<br>DEQ | 07 TELEPHONE NUMBER<br>1341735-0832  | 08 DATE<br>2.14.84<br>MONTH DAY YEAR |



I HIGHLY VOLATILE  
J EXPLOSIVE  
K REACTIVE  
L INCOMPATIBLE  
M NOT APPLICABLE

## EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
MO D055472204

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ B. SURFACE WATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ C. CONTAMINATION OF AIR  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ E. DIRECT CONTACT  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ F. CONTAMINATION OF SOIL  
03 AREA POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ G. DRINKING WATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ H. WORKER EXPOSURE/INJURY  
03 WORKERS POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ I. POPULATION EXPOSURE/INJURY  
03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

D/N/A



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
110 D055872204

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include names of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

D/N/A

01 ☐ N. DAMAGE TO OFF-SITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

D/N/A

01 ☐ P. ILLEGAL UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

D/N/A

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

NONE

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

This facility has been determined to be a RCRA regulated facility and is not an uncontrolled site.

V. SOURCES OF INFORMATION (Cite specific references e.g. state files, sample analysis results)

RCRA file for Environmental Records and Information obtained from Alvin Moss, Acting Materials Manager.

# GENERATOR ANNUAL HAZARDOUS WASTE REPORT

Form DNR.H.W.G.-10  
HAZARDOUS WASTE MANIFEST DOCUMENT  
MISSOURI DEPARTMENT OF NATURAL RESOURCES

G

IL 60187

Please print/type with elite type (12 characters per inch)

## TAC

[illegible]

E A T O N | C O R P . | C O N T R O L S | D I V . W E S T P L A I N S | P L A N T

3 2 1 0 | A L L E N S T . I F O B O X 1 7 D | | | | |  
15 16 45

|    |    |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |    |    |    |   |   |   |    |
|----|----|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|----|----|----|---|---|---|----|
| 4  | W  | E | S | T | P | L | A | I | N | S |  |  |  |  |  |  |  |  | M  | O  | 6  | 5 | 7 | 7 | 5  |
| 15 | 16 |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  | 41 | 42 | 47 |   |   |   | 51 |

State Zip Code

A horizontal number line with tick marks every 1 unit. The number 15 is written below the first tick mark, 16 is written below the second tick mark, and 45 is written below the last tick mark on the right.

A number line is shown with tick marks every 1 unit. The line is labeled with the numbers 15, 16, 41, 42, 47, and 51. A bracket is drawn above the line, starting at 15 and ending at 41. The number 6 is written above the bracket.

State Zip Code

2 C O U N T S J A M E S

4 | 1 | 7 | — | 2 | 5 | 6 | — | 7 | 1 | 7 | 1

Phone No. (area code &amp; no.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Title

Date Signed \_\_\_\_\_



make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

# Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

VII. GENERATOR'S EPA I.D. NO.

G M 0 D 0 5 5 8 7 2 2 0 4 1  
1 2 13 14 15

IX. FACILITY'S EPA I.D. NO.

F K 8 D 0 7 0 9 0 2 9 5 2  
16 28

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)  
KANSAS INDUSTRIAL ENVIRONMENTAL SERVICE INC.

X. FACILITY ADDRESS  
8808 NORTH 127TH ST.  
WICHITA, KANSAS 67201

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

DELTA MOTOR FREIGHT NO. T43800, KANSAS IND. SERVICE TRUCK AT ST. LOUIS, MO.  
TO TRANSPORT TO KIES IN KANSAS, NO. HW100

## XII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste           | B. DOT Hazard code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|-----------------------------------|--------------------|---|--------------------|--------------------|
| 1          | 1      | WASTE CYANIDE SOLUTION AND SLUDGE | 1 8                | F 0 0 8                                       | 4 3 5              | P                  |
| 2          | 2      |                                   |                    |   |                    |                    |
| 3          | 3      |                                   |                    |   |                    |                    |
| 4          | 4      |                                   |                    |   |                    |                    |
| 5          | 5      |                                   |                    |   |                    |                    |
| 6          | 6      |                                   |                    |   |                    |                    |
| 7          | 7      |                                   |                    |   |                    |                    |
| 8          | 8      |                                   |                    |   |                    |                    |
| 9          | 9      |                                   |                    |   |                    |                    |
| 10         | 10     |                                   |                    |   |                    |                    |
| 11         | 11     |                                   |                    |   |                    |                    |
| 12         | 12     |                                   |                    |   |                    |                    |

XIII. COMMENTS (enter information by section number—see instructions)  
COPY OF MANIFEST ATTACHED REFF. LINE 1 ABOVE.

HAZARDOUS WASTE MANIFEST DOCUMENT  
MISSOURI DEPARTMENT OF NATURAL RESOURCES

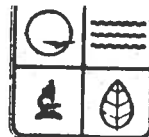
4  
A

1.56114

Generator 0 3 1 1 1 9  
Waste F 0 0 B  
Shipment 0 0 1

tear out here





*HWC 1/14*

MANIFEST DOCUMENT NUMBER

|                    |   |   |   |   |                |   |              |
|--------------------|---|---|---|---|----------------|---|--------------|
| 0                  | 3 | 1 | 1 | 9 | FCO            | B | 001          |
| Generator I.D. No. |   |   |   |   | Waste I.D. No. |   | Shipment No. |

Part 1 to be completed by the generator (Instructions for completing and handling this document are on the reverse side)

| Name   | Identification                                    | Address   | Telephone No.                    | Date Shipped or R               |                  |
|--|---|---|----------------------------------|---------------------------------|------------------|
| Item 1. Generator<br><b>EATON CORPORATION CONTROLS PLANT</b><br>(ASSIGNED REFF. NOS.)<br>KANSAS AUTH. #100379 EPA # MOD55872204                                      | Generator I.D. No.<br>03119                       | 210 ALLEN STREET<br>WEST PLAINS, MO 65775                   | 1-417 256-7171                   | 8-4-81<br>B/L #375<br>ON #02093 |                  |
| Item 2. Transporter<br><i>No. 2 Transporter Kansas Ind. Inv. Sec.</i><br>DELTA MOTOR FREIGHT INC. TO ST. LOUIS<br>HOLD ON DOCK FOR KIES PICKUP TO FINAL DESTINATION. | Transporter No.<br>KSDOT 01252<br>HW100<br>T43800 | 8808 N 127 E.<br>623 LINCOLN AVE.<br>WEST PLAINS, MO. 65775 | 1-314-714-1736<br>1-417 256-2191 | 8-7-81<br>8-4-81                |                  |
| Item 3. Treatment, Storage or Disposal Facility<br>KANSAS INDUSTRIAL ENVIRONMENTAL SERVICE INC.  | T, S, D, Facility<br>Permit No. 100379            | 0100 NORTH 127th ST.<br>WICHITA, KANSAS 67201               | 1-316 744-1286                   | A- = A1                         |                  |
| Item 4.<br>Proper DOT Shipping Name<br>WASTE CYANIDE SOLUTION NOS<br>DOT MATIL. ID UN1935  | DOT Hazard Class<br>POISON B                      | DOT Label Required or Exceptions<br>POISON                  | Quantity<br>435 LBS.             | Units*<br>1 DRUM<br>1 2 3 4 5   | Weight (If app.) |

\*Circle one: 1. tons; 2. gallons; 3. cubic yds; 4. drums - 55 gallon; or 5. Pounds

|   |  |
|---|--|
| Item 5.<br>Immediate Emergency Response Information<br>J. L. COUNTS<br><br>In the event of a spill, contact the National Response Center,<br>U. S. Coast Guard, 800-424-8802<br>SPECIAL HANDLING INSTRUCTIONS 1) DO NOT PUNCTURE DRUMS<br>2) SHOVEL & SWEEP INTO NON-PUNCTURED DRUM AND CAP AS BEFORE | 24-hour emergency telephone numbers<br>1-417 256-2027<br><br>Chemtrec 800-424-9300 |
|---|--|

|                                      |                                 |                                     |                        |
|--------------------------------------|---------------------------------|-------------------------------------|------------------------|
| Item 6. Placards Provided on Affixed |                                 |                                     |                        |
|                                      |                                 |                                     |                        |
| Shipper's Check List                 |                                 |                                     |                        |
| <input checked="" type="checkbox"/>  | DOT Labels Applied and Secure   | <input checked="" type="checkbox"/> | DOT Air Container      |
| <input checked="" type="checkbox"/>  | Proper DOT Name on all Packages | <input checked="" type="checkbox"/> | Checked Proper Sealing |
| <input type="checkbox"/>             | Air Cargo Only                  | <input type="checkbox"/>            | Peligro Label Applied  |

Item 7. GENERATOR CERTIFICATION. This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the Missouri Department of Natural Resources.

Generator's Signature *J. L. Counts* Date *8-4-81*

Part 2  
To be completed by the transporter

Item 8. TRANSPORTER CERTIFICATION. This is to certify acceptance of the hazardous waste shipment. Date accepted for Shipment:

Transporter's Signature *Steve D. Stahl* Date *8/11/81*  
No. 2 Transporter - Steve D. Stahl 8-11-81  
Date *8/11/81* To *ST-2*

Item 9. TREATMENT, STORAGE OR DISPOSAL CERTIFICATION. This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

Signature *Daniel Stahl* Date *8/11/81*

ENVIRONMENTAL PROTECTION AGENCY

# Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1981.

ncy

2706

Date rec'd: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

## VII. GENERATOR'S EPA I.D. NO.

G M I O D I O 5 5 8 7 2 2 0 4 4 1 1 ALSO  
1 2 9290310236 IEPA # 13 14 15

## IX. FACILITY'S EPA I.D. NO.

F I E P A 1 6 3 1 2 1 0 4  
16 28

## VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CLAYTON CHEMICAL CO.

## X. FACILITY ADDRESS

# 1 MOBIL AVE.  
SAUGET ILL. 62201

## XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

DELTA MTR. FREIGHT NO. T438007 % COMMERCIAL CLEANING CORP. NO. MOH1068 EPA 620-002  
TO TRANSPORT TO CLAYTON CHEMICAL IN ILL.

## XII. WASTE IDENTIFICATION

| Sequence # | Line # | A. Description of Waste            | B. DOT Hazard Code | C. EPA Hazardous Waste No. (see instructions) | D. Amount of Waste | E. Unit of Measure |
|------------|--------|------------------------------------|--------------------|---|--------------------|--------------------|
| 1          | 1      | TRICHLOROETHYLENE (USED)<br>LIQUID | 1 535              | 0 0 1 38 39 42                                | 3 3 4 12           | P                  |
| 2          | 2      |                                    |                    |   |                    |                    |
| 3          | 3      |                                    |                    |   |                    |                    |
| 4          | 4      |                                    |                    |   |                    |                    |
| 5          | 5      |                                    |                    |   |                    |                    |
| 6          | 6      |                                    |                    |   |                    |                    |
| 7          | 7      |                                    |                    |   |                    |                    |
| 8          | 8      |                                    |                    |   |                    |                    |
| 9          | 9      |                                    |                    |   |                    |                    |
| 10         | 10     |                                    |                    |   |                    |                    |
| 11         | 11     |                                    |                    |   |                    |                    |
| 12         | 12     |                                    |                    |   |                    |                    |

## XIII. COMMENTS (enter information by section number—see instructions)

ABOVE WAS SHIPPED TO CLATON CHEMICAL RECOVERY ONLY. SEE ATTACHED.



**Environmental Protection Agency**  
**2200 Churchill Road, Springfield, Illinois 62706**

217/782-6760

7-31-81

Application Received @ IEPA: 7-8-81

Permit Number 903690

Permit Expires: 7-24-82

Permit Issued To: Clayton Chemical Co.

Address:

#1 Mobil Ave.

Sauget, IL 62201

Attn: Bud Haney

Waste Name: Waste Trichloroethane

Waste Classification: Hazardous

Waste Generator: Eaton Corp.

Waste Generated At:

Box 170

West Plains, MO 65775

Attn: J.L. Coants

IEPA Generator No.: 9290910236

Disposal Site: Clayton Chemical Co.

IEPA Site No.: 16312104

Annual Volume Authorized: 1,000 Gallons

Disposition of Waste:

Recovery

Permit to receive the indicated waste is granted.

This permit is granted subject to the attached standard conditions.

*Rama K. Chaturvedi*

Rama K. Chaturvedi, P.E.

Manager

Special Waste Unit

Residual Management Section

Division of Land/Noise Pollution Control

RKC:CLC:bjm/1712C/11

cc: Eaton Corp.

Jerry Russell Bliss, Inc.

Region



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MOD055872204

EATON CORP CONTROLS DIV WEST PLAINS  
191 E NORTH AVENUE  
CAROL STREAM IL 60187

INSTALLATION ADDRESS

210 ALLEN STREET  
WEST PLAINS

MO 65775

EPA Form 8700-12B (4-80)

10/31/80



### III. LOCATION OF INSTALLATION

05 587 2204

PLEASE PLACE LABEL IN THIS SPACE

000707 AUG 18 80

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

## COMMENTS

[illegible]

|                                |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |                                    |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|------------------------------------|--|--|
| INSTALLATION'S EPA I.D. NUMBER |  |  |  |  |  |  |  |  |  |  |  |  | APPROVED |  |  | DATE RECEIVED<br>(yr., mo., & day) |  |  |
| FM000558722043                 |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  | 800818                             |  |  |

|   |   |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |   |   |  |   |   |   |  |   |   |   |   |  |   |   |   |   |   |   |  |
|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|
| E | A | T | O | N |  | C | O | R | P |  | C | O | N | T | R | O | L | S |  | D | I | V |  | W | E | S | T |  | P | L | A | I | N | S |  |
|---|---|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|--|---|---|---|---|--|---|---|---|---|---|---|--|

## STREET OR P.O. BOX

[illegible]

|              |   |   |   |   |   |   |   |   |   |   |   |  |  |  |     |  |          |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|--|--|--|-----|--|----------|---|---|---|---|---|---|---|
| CITY OR TOWN |   |   |   |   |   |   |   |   |   |   |   |  |  |  | ST. |  | ZIP CODE |   |   |   |   |   |   |   |
| C            | C | A | R | O | L | S | T | R | E | A | M |  |  |  |     |  |          | I | L | 6 | 0 | 1 | 8 | 7 |

## STREET OR ROUTE NUMBER

[illegible]

|              |   |   |   |   |   |   |   |   |   |   |  |  |     |  |          |  |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|--|--|-----|--|----------|--|---|---|---|---|---|---|---|
| CITY OR TOWN |   |   |   |   |   |   |   |   |   |   |  |  | ST. |  | ZIP CODE |  |   |   |   |   |   |   |   |
| 6            | W | E | S | T | P | L | A | I | N | S |  |  |     |  |          |  | M | O | 6 | 5 | 7 | 7 | 5 |

## NAME AND TITLE (last, first, &amp; job title)

[illegible]**A. NAME OF INSTALLATION'S LEGAL OWNER**[illegible]

|  |    |
|--|----|
| 15   | 16 |
| <b>B. TYPE OF OWNERSHIP</b><br>(enter the appropriate letter into box) |    |

**F = FEDERAL**  
**M = NON-FEDERAL**

**M**

**VI. TYPE OF HAZARDOUS WASTE ACTIVITY** (enter "X" in the appropriate box(es))

## A. GENERATION

☐ **B. TRANSPORTATION** (complete item VII)

☐ C. TREAT/STORE/DISPOSE

#### ☐ D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (transporters only – enter "X" in the appropriate box(es))

☐ 42 A. AIR      ☐ 43 B. RAIL      ☐ 44 C. HIGHWAY      ☐ 45 D. WATER      ☐ 46 E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

**C. INSTALLATION'S EPA I.D. NO.**

**A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

**Please go to the reverse of this form and provide the requested information.**

**CONTINUE ON REVERSE**



WM000558725

Eaton  
Contr  
191 E  
Caro  
Tele**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

|                         |              |              |               |               |               |
|-------------------------|--------------|--------------|---------------|---------------|---------------|
| 1<br>F 0 0 1<br>23 - 26 | 2<br>23 - 26 | 3<br>23 - 26 | 4<br>23 - 26  | 5<br>23 - 26  | 6<br>23 - 26  |
| 7<br>23 - 26            | 8<br>23 - 26 | 9<br>23 - 26 | 10<br>23 - 26 | 11<br>23 - 26 | 12<br>23 - 26 |

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

|               |               |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13<br>23 - 26 | 14<br>23 - 26 | 15<br>23 - 26 | 16<br>23 - 26 | 17<br>23 - 26 | 18<br>23 - 26 |
| 19<br>23 - 26 | 20<br>23 - 26 | 21<br>23 - 26 | 22<br>23 - 26 | 23<br>23 - 26 | 24<br>23 - 26 |
| 25<br>23 - 26 | 26<br>23 - 26 | 27<br>23 - 26 | 28<br>23 - 26 | 29<br>23 - 26 | 30<br>23 - 26 |

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

|               |               |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 31<br>23 - 26 | 32<br>23 - 26 | 33<br>23 - 26 | 34<br>23 - 26 | 35<br>23 - 26 | 36<br>23 - 26 |
| 37<br>23 - 26 | 38<br>23 - 26 | 39<br>23 - 26 | 40<br>23 - 26 | 41<br>23 - 26 | 42<br>23 - 26 |
| 43<br>23 - 26 | 44<br>23 - 26 | 45<br>23 - 26 | 46<br>23 - 26 | 47<br>23 - 26 | 48<br>23 - 26 |

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

|               |               |               |               |               |               |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49<br>23 - 26 | 50<br>23 - 26 | 51<br>23 - 26 | 52<br>23 - 26 | 53<br>23 - 26 | 54<br>23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)☒ 1. IGNITABLE  
(D001)☒ 2. CORROSIVE  
(D002)☐ 3. REACTIVE  
(D003)☒ 4. TOXIC  
(D000)**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

David Hughes

David Hughes, Buyer Chemicals

8/12/80

EPA Form 8700-12 (6-80) REVERSE

DETACH

Eaton Corporation  
Controls Division  
191 East North Avenue  
Carol Stream, Illinois 60187  
Telephone (312) 682-8000

August 12, 1980

U. S. ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
P.O. Box 7861  
Chicago, Illinois 60680

RE: ADDENDUM TO EPA FORM 8700-12(6-80)

**EAT•N**

Per advisement of several contacts in the regional EPA office we are submitting our notification of Hazardous Waste Activity for our Installation identified as:

EATON CORP., Controls Division West Plains

for Interum Status only.

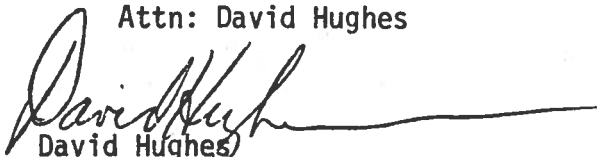
At this time, we do not believe we meet the requirments defining a generator, treatment, or storage site. However, we have reason to believe that in a healthier business cycle, production could expand to a degree where we would qualify for active status. Assignment of an ID number can only expedite processing in the future.

As I am the purchasing agent of chemicals and service contracts, I am also the Chemical Management Program Coordinator. All activity concerning purchase and disposal of chemicals is controlled by my central office.

Duplicate records of the central file will be maintained at each of our seven sites. The assigned chemical controller who will maintain the files at this particular site is Jim Counts.

However, as we are centrilized, please send all communications to my office in our divisional headquarters at:

EATON CORP. Controls Division West Plains  
191 East North Avenue  
Carol Stream, Illinois 60187  
Attn: David Hughes

  
David Hughes  
Buyer

DH/es

**AUG 15 1980**

Enclosure

Telex 722-434  
Teletype (910) 252-2127  
Cable "NOVA1"